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ABSTRACT

This issue paper from Hawai'i Kids Count addresses the issue of teen pregnancy and birth rates. The paper notes that teen pregnancy and birth rates are declining both nationally and in Hawaii and describes key risk factors associated with having a baby before age 20: (1) early school failure; (2) early behavioral problems; (3) family dysfunction; and (4) poverty. The paper presents results of studies examining the determinants of teen sexual activity and contraceptive use; pregnancy outcomes; consequences of a teen birth related to school completion, marital status, and need for public assistance. In addition, the paper delineates several programmatic approaches to reduce teen pregnancy rates and identifies basic principles for effective prevention and intervention programs. Effective programs combine positive and negative sanctions to affect behavior, start before puberty, involve males and recognize that many male partners are not teenagers themselves, recognize that varied groups need varied degrees of intervention, and conduct rigorous process and impact evaluations. The paper concludes that the declining birth rate is primarily due to increased contraception use, but that there is also evidence of changed sexual attitudes and behavior among teens. Although there is much disagreement about how to prevent teen pregnancy, the basic principles identified through program evaluation can guide program development. (KB)

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HAWAII kids count

MAKING HAWAI`I'S KIDS COUNT...

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Teen Birth Rates Falling, Still Bring Heavy Costs

Teen pregnancy and birth rates are declining from a peak in 1991 to a level equal to low rates of the mid-1980s. Yet each year, nearly one million teenagers in the United States—approximately 10 percent of all 15- to 19-year-old females—become pregnant. About one third of these teens abort their pregnancies, 14 percent miscarry, and 52 percent (or more than half a million teens) bear children. For roughly three-fourths, this is their first birth.[1]

The good news of a decline is also evident in Hawaii, where over 3,000 teenagers—eight percent of all females ages 15-19—became pregnant in 1996 (the most recent year for which data are available). These pregnancies resulted in fetal deaths (3 percent), abortions (36 percent), and live births (61 percent). Of the 1,904 teen mothers that year, 1561 (82 percent) were unmarried, of which 263 (17 percent) were bearing a second or third child while still under 20 years of age. While Native Hawaiian/part-Hawaiians make up 18 percent of the teen female population, they are 58 percent of the teen mothers.

While most pregnant teens are 18 or 19 years old, about 35 percent in Hawaii are 17 or younger (40 percent in nation) and these are the ones causing greatest concern. Still school age, unlikely to be married and even less likely to be prepared for parenthood, these young mothers highlight the dimensions of the teen-pregnancy and teen-parenthood problems. Due to their weak educational and skill levels, low rates of marriage, and inadequate support from nonresident fathers of their children, young mothers face significant challenges in trying to provide for their children. More than 80 percent of them will end up in poverty and reliant on welfare, many for the critically important developmental years of the child.

WHO ARE THE PREGNANT TEENS?

Researchers have identified four key risk factors associated with having a baby before the age of 20:

"Costs of today's teen pregnancies will be borne most heavily by tomorrow's children, who will grow up in circumstances with less than they deserve and with less than they need to become responsible, competent adults."

National Campaign To Prevent Teen Pregnancy

- **early school failure:** Students who are behind a grade, obtain poor grades or have low achievement test scores, and adolescents who have dropped out of school are two to five

HAWAI`I KIDS COUNT

Hawai`i Kids Count was established in 1994 to improve the well-being of Hawai`i's children and their families by increasing public awareness of their condition and serving as a catalyst for positive actions on their behalf. The strategies employed by the project are:

- Establishing and maintaining a data base of information which accurately describes the status of children in Hawai`i;
- Strengthening the corfstituency for children through information and training;
- Monitoring Hawai`i's progress regarding children and families by tracking key indicators over time;
- Linking with the national Kids Count network, which provides access to resources, technical expertise and knowledge of kids in other states.

The Hawai`i project is directed by a public/private partnership of the Hawai`i Community Services Council; the Governor's Policy Adviser, Children and Families; and the Center on the Family of the University of Hawai`i at Manoa. The project coordinator is Marcia K. Hartsock. It is primarily funded by the Annie E. Casey Foundation.

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In a recent national survey, teens were asked what leads their same-sex peers to have sex that very first time. Answers differed depending on gender and whether or not the respondent was sexually experienced.

	All	Sexually Active		No Experience	
		Boys	Girls	Boys	Girls
...met someone he/she really loves	31 %	23 %	54 %	27 %	31 %
...is engaged or married	19 %	2 %	8 %	21 %	31 %
...has the opportunity...	19 %	43 %	11 %	21 %	7 %
...has reached a certain maturity level	14 %	15 %	11 %	16 %	14 %
...feels pressure/everybody else is	10 %	15 %	6 %	12 %	8 %
...partner is pressuring	5 %	1 %	6 %	1 %	9 %
...don't know	2 %	1 %	4 %	2 %	0 %

times more likely to have a child by the time they would complete high school.

- **early behavioral problems:** Teens who have school behavior problems, who smoke, drink or use drugs, and who engage in delinquent activities are all much more likely to become teen parents.

- **family dysfunction:** Teens with supportive family relationships, who attend church frequently, who live with both of their parents, and who have better educated parents are less likely to initiate sex at a young age. On the other hand, youth from families which do not monitor their children, which cannot or do not communicate with them, which do not provide strong values and goals for the future, and which fail to help teens deal with media and peer influences are much more likely to become parents as adolescents.

- **poverty:** Among US teens, 38 percent are poor or low income, while 85 percent of all non-marital teen births occur to poor or near-poor teens.

The more of these factors that were present when a girl was in the eighth grade, the greater her likelihood of bearing a child during adolescence.[5] For those with none of these risk factors, the probability was 11 percent; for those with three or more risk factors, half gave birth while still in their teens.

Ninety percent of teens who are sexually active and use no contraception will become pregnant before age 20.[6] There are several decision points that lead to this certainty: onset of sexual activity, frequency of sexual activity, contraceptive use, and intention. The trends are for earlier initiation into sexual activity, greater frequency and more numerous partners, along with declining abortion rates. The declining birth rate has been brought about primarily by increased contraception, especially condom use.

DETERMINANTS OF TEEN SEXUAL ACTIVITY

Of high school students in Hawaii, 40 percent reported in the 1997 Hawaii Youth Risk Behavior Survey (HYRBS) that they have had sexual intercourse, with 26 percent being sexually active in the prior three months.[7] This is an improvement over the results of the 1995 survey and significantly better than the national average. In 1995, the last year for which comparable data are available, 53 percent of students nationwide and 44 percent of students in Hawaii had had sexual experience with 38 percent nationally and 29 percent in Hawaii with current sexual activity.

The Kaiser Family Foundation, with *YM* magazine, recently conducted a national survey of teens regarding dating, intimacy and their sexual experiences. When asked what leads their peers to have sex that very first time, teen boys' and girls' answers differ. Teen girls who have had intercourse feel love is the predominant factor, while virgin females feel intent to marry is equally important. Teen boys, especially sexually experienced boys, most often say it is simply a matter of opportunity to do it with someone they like.[8]

A different study, the 1995 National Survey of Family Growth (NSFG), surveyed females aged 15-19 who had never had sex and learned that their primary reasons for abstaining were that having sex would be against their religious or moral values (44 percent); they do not want to become pregnant (20.3 percent); they have not found the "right" partner (19.7 percent); or they wish to avoid contracting sexually-transmitted diseases (12.7 percent). When allowed to give multiple responses, almost 60 percent cited the desire to avoid pregnancy as an important reason to abstain from sexual activity.[9]

It is important to note that a significant proportion of the females aged 15-19 reported in the NSFG that their first sex was unwanted and/or non-voluntary. Unwanted sexual experience occurred to 18.4 percent, while for 4.2 percent the event was also non-voluntary. These proportions decrease with age—over 70 percent of those whose first sexual experience

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was before the age of 13 state it was non-voluntary or unwanted.

National studies have found that of those aged 15-19 who have had sexual experience, nearly 30 percent of females and 46 percent of males have had more than one partner in the past year.[7] In the only comparative data available, the 1995 Youth Risk Behavior Survey found that 18 percent of all high school students had 4 or more partners, while 11 percent of Hawaii teens were in this category. The same survey in 1997 found nine percent of Hawaii's sexually active teens reported four or more partners.

DETERMINANTS OF TEEN CONTRACEPTIVE USE

The vast majority of teen pregnancies (85 percent) are not fully planned or intended. Instead, they result from "accidents or teens' ambivalence regarding pregnancy, their confusion about preventing it, and sometimes their failure to make any clear decisions about abstinence, sexual activity, or contraception one way or another," according to the National Campaign to Prevent Teen Pregnancy.[8] There certainly are teens who intend to become pregnant, those who are careless, and those who believe it will not happen to them.

Contraceptive use among sexually active teens has increased. Two-thirds of teens use some method of contraception (usually a condom) the first time they have sex.[9] However, the successful use of most contraceptive methods requires both motivation and self-discipline leading to consistency that is difficult, especially for teenagers. Often they are not in stable and long-term relationships that foster such planful action. In fact, when teens are asked why they do not use contraception, they often say they did not expect or plan to have sex and therefore were not prepared.

PREGNANCY OUTCOMES

Once a pregnancy occurs, there are three potential outcomes: spontaneous abortion (fetal death), termination of pregnancy via elective abortion, or a live birth. This decision is clearly shaped by intentions, by values, and by personal orientation. It is heavily impacted by the attitudes and values of the boyfriend/partner. Age, ethnicity, marital status and school performance are individual characteristics of the female that have been found to be significantly correlated with the decision to carry the pregnancy to term.[10] Her family's income and the age of her male partner also influence the decision.[11] State and community variables that are positively associated with abortion rates include the level of unemployment, the violent crime rate, the teenage suicide rate, school dropout rates and the presence of restrictive laws regarding contraceptive licensing, advertising, and selling.

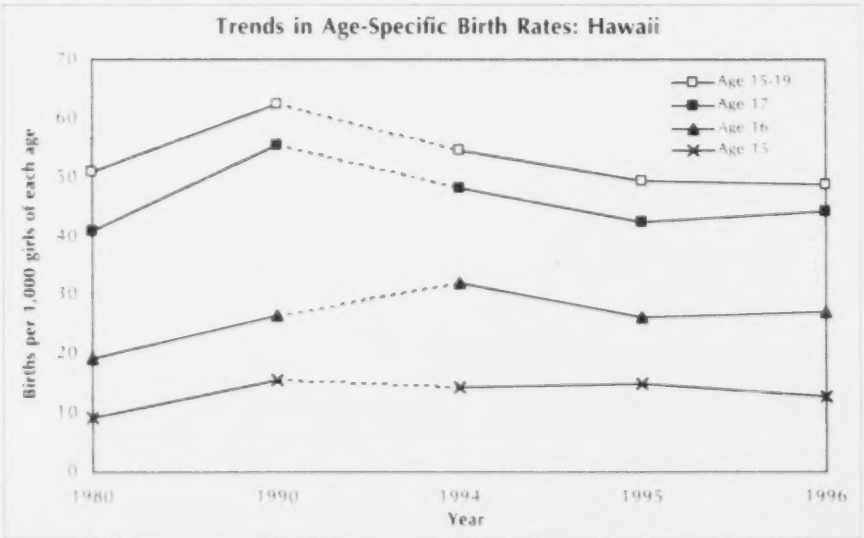
CONSEQUENCES OF A TEEN BIRTH

A 1996 Kaiser Family Foundation survey found that 69 percent of teenagers viewed teenage pregnancy as a big problem, yet they tended to underestimate the consequences of unintended pregnancy. Their perception was that they would stay in school (94 percent), they would marry the mother/father (51 percent) and that they would not need welfare (75 percent).[12] In reality, only 70 percent eventually complete high school, 81 percent of teenage births are out of wedlock, and 56 percent need public assistance to cover the cost of delivery. One in four teen mothers receive public assistance into their 20s.[13]

For the female, a teen who gives birth has much less likelihood of completing high school and of obtaining any post-secondary education. She is likely to spend more years unmarried, as a single parent, and to have more children than her counterpart who postpones childbearing. Half (52 percent) of all mothers on welfare had their first child as a teen.[14]

Teen fathers bear little of the measurable costs, although their emotional or other costs are not well studied. Eighty percent do not marry the young mothers of their first children.[15] These young men attain somewhat lower educational levels and experience modest earnings losses when compared to their classmates who did not become fathers.

By far the greatest harm is experienced by the children. They are at heightened risk of being born prematurely and/or at low birthweight. This raises their probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. It doubles the chance that the child will later be diagnosed as having dyslexia, hyperactivity, or other disability. Young parents are often less able to provide an environment for the early cognitive stimulation needed for adequate brain development. Consequently, children born to teenage mothers tend to do worse in school.



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to repeat a grade, perform much worse on standardized tests, and ultimately less likely to complete high school. Their problems continue into adolescence where they are likely to have higher rates of behavioral problems and higher rates of abuse and neglect.

Society pays a price for teenage childbearing, as well. Children of teen parents exhibit higher rates of economic inactivity when they reach the young adult age (16-19), as they are 30 percent more likely to be neither working nor going to school.[16] Sons of teen moms experience higher rates of crime and are 13 percent more likely to end up in prison.[17] The repetitive cycle of teen parenting is seen as teen daughters are 22 percent more likely to become teen moms themselves.[18]

The Robin Hood Foundation estimates that teen pregnancy and childbearing costs taxpayers $6.9 billion each year —$2,831 per teen mom—through lost tax revenues ($2.7 B), public assistance expenditures ($0.1 B), health care costs ($1.7 B), foster care costs ($1.4 B), and criminal justice costs ($1.0 B).[19]

WHAT COULD BE DONE?

Certainly a strong beginning would be for the entire community to embrace the basic social norm that teenage years are for education and growing up, not pregnancy and parenthood. It is important to emphasize the consequences to teens and to public. But it is equally clear that reducing teen pregnancy requires that better, more attractive options be on hand for young women.

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Several programmatic approaches have been tried:

1. sex education;
2. abstinence only education;
3. family planning services for sexually active teenagers;
4. comprehensive programming which combines components of education, access to contraception, and attention from community media or active parent group;
5. youth development programs.

> Involvement in school activities or completion of high school or a GED after a teenager has her first baby are strongly associated with postponing a second teen birth.

Professional evaluations of these approaches give very mixed results: sex education alone is unlikely to make a dent in teen pregnancy rates and no credible scientific evidence indicates that abstinence-only education is effective in delaying the onset of sexual activity.[20] Simply providing family planning services is not enough, as teens are known to be inconsistent users of contraception. Comprehensive approaches have been found to increase contraceptive use and decrease pregnancy rates, but they are quite expensive. Youth development efforts as primary prevention are too individualized for meaningful comparison and tend to be very expensive.

A list of basic prevention/intervention principles can be culled from a review of multiple evaluations of teen programs.

1. Base intervention programs on the findings of basic research and previous program evaluation studies. Combine positive and negative sanctions to affect behavior.
2. For at-risk youth from disadvantaged or dysfunctional families, interventions need to start before puberty.
3. Involve males and recognize that many male partners of adolescent females are not themselves teenagers. For those who are teens, sexual risk-taking is one of several related forms of risk-taking, such as substance use and delinquency.
4. Recognize that varied groups need varied degrees of intervention, ranging from no intervention to comprehensive, long-term programs. Cultural diversity and age differences must be acknowledged in design and implementation of programs.
5. Conduct process evaluations for all organized programs and insist on rigorous impact evaluations.

CONCLUSION:

There is clear evidence that teen pregnancy and birth rates are decreasing, both nationally and in Hawaii. Not all age groups have shared equally in the trend. The declining birth rate has been brought about primarily by increased contraception, but there is also evidence of changed sexual attitudes and behavior among teens. A celebration over the declining rates must be tempered by an understanding of the consequences of teen births — to young women and men, to the children born in such circumstances, and to society.

While there is much disagreement over the ways in which teen pregnancy prevention should be approached, an examination of program evaluations can reveal general principles to guide program development. These will make possible a future in which teen pregnancy and birth rates continue to decline.

Note: References to cited sources will be made available upon request.